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NAME:

AERSALE 25417 LLC

TYPE OF FILING: APPLICATION

COST: 155.00

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AUTHORIZATION: ABBIE/PAUL HODGE

Ottoche

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		
	Name of Limited Liability Company	
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." ace, and check are submitted to register the above referenced foreign limited liability company to transact busin	
Please	return all correspondence concerning this matter to the following:	
	Micah Caudle Name of Person	
	Name of Person	
	Capitol Services - Corporate Filings Team	
	Firm/Company	: ,
		<u>.</u> ूं: ा
	800 Brazos Ste 400	-
	Address	
		(0
	Austin TX 78701	
	City/State and Zip Code	
	Douglas Mayer@aersale.com & Camiling Pergita@aersale.com	5
	Douglas.Meyer@aersale.com & Carolina.Peralta@aersale.com E-mail address: (to be used for future annual report notification)	mi 180
For fire	her information concerning this matter, please call:	. ~
roi imi	ase intollisation conserring this number, preuse can:	
	Micah Caudle at (800) 345-4647	
	Micah Caudle at (800) 345-4647 Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
	Registration Section Registration Section	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	ed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AERSALE 25417 LLC (Name of Foreign Limited Liability Company, must include "Limited Liability ompany," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in F or The alternate name must include "Limit Liability Company," "L.L.C," or "LLC.")	l ed
2. DELAWARE (Jurisdiction under the law of while fill it	
4(Date first transacted business in Florida, if prior to registration.)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	ਹੁਸ
121 Alhambra Plaza Suite 1700, Coral Gables, Florida 33134	<u> </u>
(tAd of rin 'Off)	5 7
121 Alhambra Plaza Suite 1700, Coral Gables, Florida 33134	.]
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	f3
	hambra Plz, Ste 170 Gables, FL 33134
2. Robert B. Nichols - COO Coral Gables, FL 33134 5. Douglas Meyer - CAO Coral Gables, FL 33134 5. Douglas Meyer - CAO Coral Gables, FL 33134	
	nbra Plz, Ste 1700 les, FL 33134
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offic naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation of the certificate under oath of the translation of the certificate.)	
- Manda	
Signature of an authorize 0 h ec. 5, 23, F.3, the execution of this occument constitutes an effirmation under the peraltition perpendicular to the Department of State exist interest of degree fell by a provided in 1)	are true,
bouglat Major	
T o prjn e of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)Xd), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
AERSALE 25417 LLC	
If unavailable, the alternate to be used in the state of Florida is:	
	<u></u> ੂੰ ਯੀ
2. The name and the Florida street address of the registered agent and office are:	
Capitol Corporate Services, Inc. (Name)	· · · · · · · · · · · · · · · · · · ·
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301 City/State/7.ip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointmen registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar we accept the obligations of my position as registered agent as provided for in Chapter 605, Fi Statutes.	it as sions of all ith and ilorida
(Signature) Gayle Windle, Asst. Secretary behalf of Capitol Corporate Se	ervices, Inc.
(

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00

\$ 25.00

\$ 30.00

5.00

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AERSALE 25417 LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AERSALE 25417 LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5028717 8300

150028139

AUTHENTICATION: 2022588

DATE: 01-08-15

You may verify this certificate online at corp.delaware.gov/authver.shtml